

Ped-PRO-CTCAE® ITEMS-ENGLISH

Item Library Version 1.0

Please answer the following questions:

1. PRO-CTCAE® Symptom Term: Dry mouth
a. In the past 7 days, how bad was your <u>dry mouth</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>dry mouth</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

2. PRO-CTCAE® Symptom Term: Difficulty swallowing
a. In the past 7 days, how bad were your <u>problems with swallowing</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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3. PRO-CTCAE® Symptom Term: Mouth/throat pain
a. In the past 7 days, how often did you have <u>pain in your mouth or throat</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was the <u>pain in your mouth or throat</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>pain in your mouth or throat</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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4. PRO-CTCAE[®] Symptom Term: Voice quality changes
a. In the past 7 days, did you have any <u>changes in your voice</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>changes in your voice</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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5. PRO-CTCAE[®] Symptom Term: Hoarseness
a. In the past 7 days, how often did you have a <u>hoarse (scratchy) voice</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>hoarse (scratchy) voice</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did a <u>hoarse (scratchy) voice</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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6. PRO-CTCAE® Symptom Term: Sore throat
a. In the past 7 days, how bad was your <u>sore throat</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did your <u>sore throat</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

7. PRO-CTCAE® Symptom Term: Taste changes
a. In the past 7 days, did <u>food or drink taste different than usual</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>food or drink tasting different</u> keep you from eating your usual food?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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8. PRO-CTCAE[®] Symptom Term: Decreased appetite
a. In the past 7 days, how often did you <u>not want to eat your meals</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time

9. PRO-CTCAE[®] Symptom Term: Nausea
a. In the past 7 days, how often did you <u>feel sick to your stomach (nausea)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>feeling sick to your stomach (nausea)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>feeling sick to your stomach (nausea)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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10. PRO-CTCAE[®] Symptom Term: Vomiting
a. In the past 7 days, how often did you <u>throw up</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did <u>throwing up</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

11. PRO-CTCAE[®] Symptom Term: Heartburn
a. In the past 7 days, how often did you have a <u>burning feeling in your chest (heart burn)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was the <u>burning feeling in your chest (heart burn)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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12. PRO-CTCAE[®] Symptom Term: Gas
a. In the past 7 days, did you <u>fart more than usual</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>farting more than usual</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

13. PRO-CTCAE[®] Symptom Term: Bloating
a. In the past 7 days, did you have a <u>bigger belly than usual</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did having a <u>bigger belly than usual</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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14. PRO-CTCAE® Symptom Term: Hiccups
a. In the past 7 days, how often did you have <u>hiccups</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>hiccups</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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15. PRO-CTCAE[®] Symptom Term: Constipation
a. In the past 7 days, how often did you have <u>problems with not being able to poop</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>problems with not being able to poop</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>problems with not being able to poop</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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16. RO-CTCAE® Symptom Term: Diarrhea
a. In the past 7 days, how often did you have <u>runny or watery poop</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did having <u>runny or watery poop</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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17. PRO-CTCAE[®] Symptom Term: Abdominal pain
a. In the past 7 days, how often did you have <u>stomach pain</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>stomach pain</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>stomach pain</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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18. PRO-CTCAE[®] Symptom Term: Fecal incontinence
a. In the past 7 days, how often did you <u>poop yourself on accident</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did <u>pooping yourself on accident</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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19. PRO-CTCAE® Symptom Term: Shortness of breath
a. In the past 7 days, how often did you have <u>problems breathing (shortness of breath)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>problems breathing (shortness of breath)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your <u>problems breathing (shortness of breath)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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20. PRO-CTCAE® Symptom Term: Cough
a. In the past 7 days, how often did you <u>cough</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>coughing</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>coughing</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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21. PRO-CTCAE® Symptom Term: Wheezing
a. In the past 7 days, how bad was your <u>wheezing (a whistling noise in your chest when you breathe)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>wheezing (a whistling noise in your chest when you breathe)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

22. PRO-CTCAE® Symptom Term: Sneezing
a. In the past 7 days, how bad was your <u>sneezing</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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23. PRO-CTCAE[®] Symptom Term: Swelling
a. In the past 7 days, how bad was the <u>puffiness (swelling) in your arms, hands, legs, or feet</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did the <u>puffiness (swelling) in your arms, hands, legs, or feet</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

24. PRO-CTCAE[®] Symptom Term: Heart palpitations
a. In the past 7 days, how often did you have a <u>racing heart beat</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>racing heart beat</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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25. PRO-CTCAE® Symptom Term: Skin dryness
a. In the past 7 days, did you have any <u>dry skin</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

26. PRO-CTCAE® Symptom Term: Acne
a. In the past 7 days, how bad were your <u>pimples (bumps on face or chest)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

27. PRO-CTCAE® Symptom Term: Hair loss
a. In the past 7 days, did your <u>hair fall out</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

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28. PRO-CTCAE® Symptom Term: Itching
a. In the past 7 days, how bad was your <u>itchy skin</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did your <u>itchy skin</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

29. PRO-CTCAE® Symptom Term: Hives
a. In the past 7 days, did you have <u>itchy red bumps on your skin</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

30. PRO-CTCAE® Symptom Term: Sensitivity to sunlight
a. In the past 7 days, did you <u>sunburn more easily</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

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31. PRO-CTCAE[®] Symptom Term: Skin ulceration
a. In the past 7 days, did you have <u>open sores or red spots on your skin</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

32. PRO-CTCAE[®] Symptom Term: Numbness & tingling
a. In the past 7 days, how bad was the <u>numbness or tingly feeling in your hands or feet</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did the <u>numbness or tingly feeling in your hands or feet</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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33. PRO-CTCAE® Symptom Term: Dizziness
a. In the past 7 days, how bad was your <u>dizziness</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>dizziness</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

34. PRO-CTCAE® Symptom Term: Blurred vision
a. In the past 7 days, did you <u>see blurry (have blurry vision)</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know
b. In the past 7 days, how much did <u>seeing blurry (having blurry vision)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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35. PRO-CTCAE® Symptom Term: Flashing lights
a. In the past 7 days, did you <u>see any flashes of light that were not there when your eyes were open or closed?</u>
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did <u>seeing flashes of light that were not there when your eyes were open or closed</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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36. PRO-CTCAE® Symptom Term: Watery eyes
a. In the past 7 days, how often did you have <u>watery eyes (tearing)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>watery eyes (tearing)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>watery eyes (tearing)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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37. PRO-CTCAE® Symptom Term: Ringing in ears
a. In the past 7 days, how bad was the <u>ringing or buzzing in your ears</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>ringing or buzzing in your ears</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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38. PRO-CTCAE® Symptom Term: Dry eyes
a. In the past 7 days, how often did you have <u>dry eyes</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>dry eyes</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>dry eyes</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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39. PRO-CTCAE[®] Symptom Term: Concentration
a. In the past 7 days, how bad were your <u>problems with paying attention (focusing on TV, reading, or school work)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>problems with paying attention (focusing on TV, reading, or school work)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

40. PRO-CTCAE[®] Symptom Term: Memory
a. In the past 7 days, how bad were your <u>problems remembering things</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>forgetting things</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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41. PRO-CTCAE[®] Symptom Term: General pain
a. In the past 7 days, how often did you have <u>pain</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>pain</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>pain</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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42. PRO-CTCAE® Symptom Term: Headache
a. In the past 7 days, how often did your <u>head hurt (headache)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>head hurting (headache)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your <u>head hurting (headache)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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43. PRO-CTCAE[®] Symptom Term: Muscle pain
a. In the past 7 days, how often did your <u>muscles hurt</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad did your <u>muscles hurt</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your <u>muscles hurting</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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44. PRO-CTCAE[®] Symptom Term: Joint pain
a. In the past 7 days, how often did you have <u>pain in any bendable part of your body (knees, ankles, shoulders, or fingers)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was the <u>pain in any bendable part of your body (knees, ankles, shoulders, or fingers)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>pain in any bendable part of your body (knees, ankles, shoulders, or fingers)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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45. PRO-CTCAE[®] Symptom Term: Insomnia
a. In the past 7 days, how often did you have <u>problems sleeping (trouble falling or staying asleep)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>problems sleeping (trouble falling or staying asleep)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>problems sleeping (trouble falling or staying asleep)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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46. PRO-CTCAE® Symptom Term: Fatigue
a. In the past 7 days, how bad was your <u>feeling tired</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>feeling tired</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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47. PRO-CTCAE[®] Symptom Term: Anxious
a. In the past 7 days, how often were you <u>worried or nervous</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>worried or nervous feelings</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did being <u>worried or nervous</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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48. PRO-CTCAE® Symptom Term: Sad
a. In the past 7 days, how bad were your <u>sad or unhappy feelings</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>sad or unhappy feelings</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

49. PRO-CTCAE® Symptom Term: Suicidal ideation
a. In the past 7 days, did you <u>think about hurting yourself</u> ?
<input type="radio"/> No
<input type="radio"/> Yes

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50. PRO-CTCAE® Symptom Term: Painful urination
a. In the past 7 days, how bad was the <u>pain or burning when you pee</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
b. In the past 7 days, how much did <u>pain or burning when peeing</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

51. PRO-CTCAE® Symptom Term: Urinary urgency
a. In the past 7 days, how often did you <u>feel like you could not wait to pee</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did <u>feeling like you could not wait to pee</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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52. PRO-CTCAE® Symptom Term: Urinary frequency
a. In the past 7 days, how often did you have to <u>pee more than usual</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did <u>peeing more than usual</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

53. PRO-CTCAE® Symptom Term: Change in usual urine color
a. In the past 7 days, did you have any <u>change in the color of your pee</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

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54. PRO-CTCAE® Symptom Term: Urinary incontinence
a. In the past 7 days, how often did you <u>pee yourself on accident</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how much did <u>peeing yourself on accident</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

55. PRO-CTCAE® Symptom Term: Bruising
a. In the past 7 days, did you <u>bruise easily (get black and blue marks on your skin)</u> ?
<input type="radio"/> No
<input type="radio"/> Yes
<input type="radio"/> I do not know

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56. PRO-CTCAE® Symptom Term: Chills
a. In the past 7 days, how often did you have <u>shaking chills</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>shaking chills</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad

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57. PRO-CTCAE® Symptom Term: Increased sweating
a. In the past 7 days, how often did you <u>sweat more than usual or sweat for no reason</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>sweating more than usual or sweating for no reason</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>sweating more than usual or sweating for no reason</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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58. PRO-CTCAE[®] Symptom Term: Hot flashes
a. In the past 7 days, how often did you <u>feel hot all of a sudden (hot flashes)</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was your <u>feeling hot all of a sudden (hot flashes)</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>feeling hot all of a sudden (hot flashes)</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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59. PRO-CTCAE® Symptom Term: Nosebleed
a. In the past 7 days, how often did you have <u>nose bleeds</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad were your <u>nose bleeds</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did <u>nose bleeds</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

60. PRO-CTCAE® Symptom Term: Falls
a. In the past 7 days, how often did you <u>fall down</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time

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61. PRO-CTCAE® Symptom Term: Muscle weakness
a. In the past 7 days, how often did your <u>arms and legs feel weak</u> ?
<input type="radio"/> Never
<input type="radio"/> Sometimes
<input type="radio"/> Most of the time
<input type="radio"/> Almost all the time
b. In the past 7 days, how bad was the <u>weakness in arms and legs</u> ?
<input type="radio"/> Did not have any
<input type="radio"/> A little bad
<input type="radio"/> Bad
<input type="radio"/> Very bad
c. In the past 7 days, how much did your <u>arms and legs feeling weak</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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62. PRO-CTCAE® Symptom Term: Restlessness
a. In the past 7 days, how hard was it to <u>sit still</u> ?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot
b. In the past 7 days, how much did <u>not being able to sit still</u> keep you from doing things you usually do?
<input type="radio"/> Not at all
<input type="radio"/> Some
<input type="radio"/> A lot
<input type="radio"/> A whole lot

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